

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | NL | 71534 | 04-15-99 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | MD | 66859 | 4-19-99 |

MD MD

MD 66859

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|-------|------|
| 1 | ✓ |
| 2 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)